

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10-049,417	FILING DATE				
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	
1	/						51				
2	/						52				
3	12						53				
4	10						54				
5	10						55				
6	10						56				
7	10						57				
8	10						58				
9	10						59				
10	10						60				
11	10						61				
12	1						62				
13	1						63				
14	1						64				
15	1						65				
16	10						66				
17	1						67				
18	1						68				
19	1						69				
20	12						70				
21	10						71				
22	10						72				
23	1						73				
24	1						74				
25	12						75				
26	10						76				
27	10						77				
28	1						78				
29	1						79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	8						TOTAL IND.				
TOTAL DEP.	21						TOTAL DEP.				
TOTAL CLAIMS	29						TOTAL CLAIMS				